

# Order Form: Incomplete Colonoscopy

Please fax completed form to Coordinator at fax 617/ 732-7963 or call 617/ 732-7631 with any questions.

## BWH Completion CT Colonography (CTC) Request Form For both screening and diagnostic completion CTC following Conventional Colonoscopy

To be filled out by referring physician and/or GI physician.

Patient Name: \_\_\_\_\_

Patient Unit Number: \_\_\_\_\_

Does the patient have Medicare as a primary insurance? **Yes or No** (please circle)

Requesting Physician/Endoscopist: \_\_\_\_\_ Physician pager/contact #: \_\_\_\_\_

Quality of Bowel Prep (Excellent, Good, Fair, Poor): \_\_\_\_\_

Was the Colonoscopy a screening or diagnostic? \_\_\_\_\_

If the Colonoscopy was a **screening** an ABN or waiver is required in order for the completion CTC to be performed. Please fax ABN to Coordinator @ fax # 617/ 732-7963

If the Colonoscopy was **diagnostic**, what was the original reason for Colonoscopy (i.e. any pertinent symptoms such as pain, bleeding, change in bowel habits, etc)? \_\_\_\_\_

If no indication, please comment: \_\_\_\_\_

Reason Unable to Complete Colonoscopy (i.e. obstructing mass, pain tortuosity, etc.): \_\_\_\_\_

Were there any Biopsies or other procedures performed? (If yes, please check with Radiologist prior to scheduling CTC.) \_\_\_\_\_

Any complications during Endoscopy? \_\_\_\_\_

Patient's BUN/ Cr. and Clinical Status: \_\_\_\_\_

### Physician, please note:

- Although CT Colonography has been shown in several studies to have high sensitivity in certain patient groups, insufficient studies have been performed to document its accuracy in a screening population. CT Colonography is best suited for patients who are unable or unwilling to undergo conventional Colonoscopy. Although the experience with this test is promising, the precise role of CT Colonography has not been established, particularly for polyps and cancers less than 1cm. When clinically feasible, standard Colonoscopy is the optimal screening technique. Screening CT Colonography will most likely **not** be covered by insurance. As a result an ABN or waiver must be signed: **the cost of the exam is \$899.**
  - A Screening CT Colonography is performed under low dose radiation without IV contrast. You are ordering a Screening CT Colonography (CPT 0066T).
  - A Diagnostic CT Colonography is performed at full radiation dose with IV contrast. You are ordering an Abdominal CT (74160), Pelvic CT (72193), and 3D-reconstruction (76375).

Name/Number of person filling out this request: \_\_\_\_\_

\*\*Exclusion criteria: active inflammation, history of Crohn's disease, lack of an intact ileocecal valve or anorectum, recent colectomy, or history of pelvic irradiation (relative contraindication). Please contact a Radiologist before scheduling.